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APPLICANTS

Bernd Matthes, Schriesheim, GERMANY;
 Karl-Heinz Bauer, Graben-Neudorf, GERMANY;
 Emilio Fabricius, Oftersheim, GERMANY; Harald Merkel, Sinsheim, GERMANY;

** CONTINUING DATA *****
None RAB

** FOREIGN APPLICATIONS *****
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RAB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 18 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS
 43215
 BORGWARNER INC.
 PATENT DEPARTMENT
 3850 HAMLIN ROAD
 AUBURN HILLS, MI
 48326-2872

TITLE
 Disk for a force transmitting aggregate

FILING FEE RECEIVED 1366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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